

CAED 435 (Rev. 10/2023)		United States District Court, Eastern District of California		Case 2:21-cr-00111-WBS Document 150 Filed 06/14/24 Page 1 of 1		FOR COURT USE ONLY	
TRANSCRIPT ORDER						DUE DATE:	
PLEASE Read Instruction Page (attached):							
1. YOUR NAME Charles Wilkerson		2. EMAIL charles.wilkerson@oig.dot.gov		3. PHONE NUMBER 2023662369		4. DATE 06/07/2024	
5. MAILING ADDRESS 1200 New Jersey Ave SE, W74-125(DACC)				6. CITY Washington		7. STATE DC	
8. ZIP CODE 20590							
9. CASE NUMBER 2:21-CR-00111-WBS		10. JUDGE		FILED			
13. CASE NAME Pooley		Jun 14, 2024		CLERK, U.S. DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA			
16. ORDER FOR							
<input type="checkbox"/> APPEAL No.		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) You must provide the name of the Reporter.							
TRIAL		DATE(S)		REPORTER		HEARINGS	
<input type="checkbox"/> ENTIRE TRIAL						<input checked="" type="checkbox"/> OTHER (Specify Below)	
<input type="checkbox"/> JURY SELECTION						Special Agent Corry Noel Testimony	
<input type="checkbox"/> OPENING STATEMENTS						05/21/2024 @10am	
<input type="checkbox"/> CLOSING ARGUMENTS						Kimberly Bennett	
<input type="checkbox"/> JURY INSTRUCTIONS							
18. ORDER (Grey Area for Court Reporter Use)							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
14-Day	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 1				
7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
Next Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
2- HOUR	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL			
19. SIGNATURE				PROCESSED BY			
20. DATE				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED		DATE	BY				
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES			
TRANSCRIPT RECEIVED				LESS DEPOSIT			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE			